Arizona State Veterinary Medical Examining Board 1400 W. Washington, Room 240, Phoenix, Arizona 85007

www.vetboard.az.gov

Phone: (602) 364-1738 Fax: (602) 364-1039

PREMISE LICENSE NAME CHANGE/SCOPE OF SERVICES CHANGE REQUEST FORM

<u>CURRENT</u> PR	EMISE INFORMAT	ΓΙΟΝ:			
Premise #	*				
Premise Name_					
Premise Address	<u>. </u>	City	Zip Code_		
Mailing Address _		City	State	Zip Code	
Premise Telepho	ne Number				
ange the premise n	ame to:				_
ope of Service Cha	inge				
R.S. Section 32-2272(C) subject to re-inspection. N	f there have been maj				
R.S. Section 32-2272(C) subject to re-inspection. Molication.	f there have been maj lobile units utilized in o	conjunction with a	licensed premise		
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cope of Service Charles. Section 32-2272(C) subject to re-inspection. No plication. hich type of service parding Diagnostics coming Housing Housi	f there have been maj dobile units utilized in one is being chang is Emergency S Radiology Sur addition of a mob	ed? (check beloevice (24 hourgery Transpoile unit license	ow) r)	ncy Service (nos I of the services	t 24 hour)
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Please note that your request will be submitted to the Board for approval.